

10/55088

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

ATTORNEY'S  
FEE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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9							59						
10							60						
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12							62						
13							63						
14							64						
15							65						
16							66						
17	4						67						
18		1					68						
19							69						
20							70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	16	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	18						TOTAL CLAIMS						